

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752288** (1)

1. Corporation Name

**THE SECOND LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1130 N. LAKE PARKER AVE.  
UNIT E235  
LAKELAND FL 33805**

**1130 N. LAKE PARKER AVE.  
UNIT E235  
LAKELAND FL 33805**

3. Date Incorporated or Qualified

**05/01/1980**

4. FEI Number

**59-2093397**

Applied For

Not Applicable

2. Principal Place of Business

**21 1130 N Lake Parker Ave**

Suite, Apt. #, etc.

**22 Bldg C - Box C**

City & State

**23 Lakeland, FL**

Zip

**24 33805**

Country

**25 U.S.A.**

2a. Mailing Address

**26 1130 N. Lake Parker Ave**

Suite, Apt. #, etc.

**27 Bldg C - Box C**

City & State

**28 Lakeland, FL**

Zip

**29 33805**

Country

**30 U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERRY, BEVERLEY C.  
1130 N. LAKE PARKER AVE. UNIT E235  
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name

**Howard Bloom**

82 Street Address (P.O. Box Number is Not Acceptable)

**1130 N. Lake Parker Ave C-330**

83

84 City

**Lakeland**

**FL**

85 Zip Code

**33805**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Howard Bloom*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 11, 1998**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **BLOOM, HOWARD**  
STREET ADDRESS **1130 N. LAKE PARKER AVE., C-330**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE

NAME **HOLMES, LARRY D.**  
STREET ADDRESS **1130 N. LAKE PARKER AVE., E-232**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **ST** ☒ DELETE

NAME **BERRY, BEVERLY C.**  
STREET ADDRESS **1130 N. LAKE PARKER AVE #E235**  
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Simon, John**  
1.3 STREET ADDRESS **1130 N. Lake Parker Avenue, C-321**  
1.4 CITY - ST - ZIP **Lakeland, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Miller, Betty**  
3.3 STREET ADDRESS **1130 N. Lake Parker Ave - C-125**  
3.4 CITY - ST - ZIP **Lakeland, FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Bloom Howard**  
4.3 STREET ADDRESS **1130 N. Lake Parker Ave, C-330**  
4.4 CITY - ST - ZIP **Lakeland, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John Simon*

**April 13, 1998**

Signature and typed or printed name of officer or director

CR2E037 (10/97)